



110TH CONGRESS  
1ST SESSION

# H. R. 2034

To provide quality, affordable health care for all Americans.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 25, 2007

Mr. DINGELL (for himself, Mr. RANGEL, Mr. WAXMAN, Mr. STARK, Ms. SCHAKOWSKY, Mr. MARKEY, Mr. WYNN, Ms. BALDWIN, Mr. TOWNS, Ms. SOLIS, Mr. ENGEL, Mr. GENE GREEN of Texas, and Mr. DOYLE) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To provide quality, affordable health care for all Americans.

1       *Be it enacted by the Senate and House of Representa-  
2       tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4       (a) **SHORT TITLE.**—This Act may be cited as the  
5       “**Medicare for All Act**”.

6       (b) **TABLE OF CONTENTS.**—The table of contents of  
7       this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Medicare for all.

“TITLE XXII—MEDICARE FOR ALL

“Sec. 2201. Quality health care for all Americans.  
“Sec. 2202. Eligibility, enrollment, and coverage.  
“Sec. 2203. Benefits.  
“Sec. 2204. Choice of coverage under private health care delivery systems.  
“Sec. 2205. Medicare for All Trust Fund.  
“Sec. 2206. Administration.  
Sec. 3. Financing through employment tax.  
Sec. 4. Collectively bargained plans.

1 **SEC. 2. MEDICARE FOR ALL.**

2 (a) ESTABLISHMENT OF PROGRAM.—The Social Se-  
3 curity Act is amended by adding at the end the following:

4 “TITLE XXII—MEDICARE FOR ALL

5 **“SEC. 2201. QUALITY HEALTH CARE FOR ALL AMERICANS.**

6 “The program under this title—

7 “(1) ensures that all Americans have high qual-  
8 ity, affordable health care;

9 “(2) ensures that all Americans have access to  
10 health care as good as their Member of Congress re-  
11 ceives; and

12 “(3) reduces the cost of health care and en-  
13 hances American economic competitiveness in the  
14 global marketplace.

15 **“SEC. 2202. ELIGIBILITY, ENROLLMENT, AND COVERAGE.**

16 “(a) ELIGIBILITY.—

17 “(1) IN GENERAL.—Each eligible individual is  
18 entitled to benefits under the program under this  
19 title.

20 “(2) ELIGIBLE INDIVIDUAL.—

1                 “(A) IN GENERAL.—For purposes of this  
2 title, the term ‘eligible individual’ means an in-  
3 dividual who—

4                 “(i) is—  
5                         “(I) a citizen of the United  
6 States; or  
7                         “(II) a person who is lawfully  
8 present in the United States; and  
9                 “(ii) is not eligible for benefits under  
10 part A or B of title XVIII.

11                 “(B) LAWFULLY PRESENT.—For purposes  
12 of subparagraph (A)(i)(II), a person is lawfully  
13 present in the United States if such person—

14                 “(i) is described in section 431 of  
15 Public Law 104–193;  
16                 “(ii) is described in section 103.12 of  
17 title 8, Code of Federal Regulations (as in  
18 effect as of the date of enactment of the  
19 Medicare for All Act);

20                 “(iii) is eligible to apply for employ-  
21 ment authorization from the Department  
22 of Homeland Security as listed in section  
23 274a.12 of title 8, Code of Federal Regula-  
24 tions (as in effect as of the date of enact-  
25 ment of the Medicare for All Act); or

1                             “(iv) is otherwise determined to be  
2                             lawfully present in the United States under  
3                             criteria established by the Secretary, in  
4                             consultation with the Secretary of Home-  
5                             land Security.

6                             “(3) PHASE-IN OF ELIGIBILITY.—

7                             “(A) IN GENERAL.—Subject to subparagraphs (B) and (C), under rules established by  
8                             the Secretary, eligibility for benefits under this  
9                             title shall be phased-in as follows:

11                             “(i) During the first 2 years the pro-  
12                             gram under this title is in operation, eligi-  
13                             ble individuals who are under 25 years of  
14                             age or who are over 55 years of age are el-  
15                             igible for such benefits.

16                             “(ii) During the second 2 years the  
17                             program under this title is in operation, el-  
18                             igible individuals who are under 35 years  
19                             of age or who are over 45 years of age are  
20                             eligible for such benefits.

21                             “(iii) All eligible individuals are eligi-  
22                             ble for such benefits beginning with the  
23                             fifth year in which the program under this  
24                             title is in operation.

1                   “(B) NO AGING OUT OF BENEFITS DURING  
2 PHASE-IN.—Once an individual is eligible for  
3 benefits under this title, the individual shall  
4 continue to be so eligible as long as the indi-  
5 vidual is an eligible individual (as defined in  
6 paragraph (2)).

7                   “(C) ELIGIBILITY OF IMMEDIATE FAMILY  
8 MEMBERS DURING PHASE-IN.—If an individual  
9 is eligible for benefits under this title, each  
10 member of such individual’s immediate family  
11 shall be eligible for such benefits if that imme-  
12 diate family member is an eligible individual (as  
13 defined in paragraph (2)).

14                   “(b) ENROLLMENT.—

15                   “(1) IN GENERAL.—The Secretary shall estab-  
16 lish a process under which each eligible individual is  
17 deemed to be enrolled under the program under this  
18 title. Such process shall include the following:

19                   “(A) Enrollment of family members at the  
20 same time and using a common form.

21                   “(B) Deemed enrollment of an eligible in-  
22 dividual upon birth in the United States.

23                   “(C) Enrollment of eligible individuals at  
24 the time of immigration into the United States.

25                   “(2) ISSUANCE OF CARD.—

1                         “(A) IN GENERAL.—The Secretary shall  
2                         provide for issuance of an appropriate card for  
3                         individuals entitled to benefits under the pro-  
4                         gram under this title.

5                         “(B) LINKING CARD TO AN ELECTRONIC  
6                         HEALTH RECORD.—

7                         “(i) IN GENERAL.—Not later than the  
8                         sixth year the program under this title is  
9                         in operation, the Secretary shall ensure  
10                         that each such card is linked securely to an  
11                         electronic health record for each such indi-  
12                         vidual.

13                         “(ii) PRIVACY PROTECTIONS.—The  
14                         Secretary shall ensure that such card and  
15                         such electronic health record include strong  
16                         privacy protections.

17                         “(iii) AUTHORITY.—In order to ac-  
18                         complish the linkage under clause (i), the  
19                         Secretary is authorized to award grants,  
20                         issue contracts, alter reimbursement under  
21                         the program under this title, or provide  
22                         such other incentives as are reasonable and  
23                         necessary.

24                         “(c) COVERAGE.—

1                 “(1) IN GENERAL.—Subject to paragraph (2),  
2 the Secretary shall provide for coverage of benefits  
3 for items and services furnished on and after the  
4 date an individual is entitled to benefits under the  
5 program under this title.

6                 “(2) INITIAL COVERAGE.—No coverage is avail-  
7 able under the program under this title for items  
8 and services furnished before the date that is 18  
9 months after the date of the enactment of the Medi-  
10 care For All Act.

11                 “(3) EXPIRATION OF COVERAGE.—An individ-  
12 ual’s coverage under the program under this title  
13 shall terminate as of the date the individual is no  
14 longer an eligible individual.

15                 “(d) RELATION TO OTHER PROGRAMS.—

16                 “(1) CONSTRUCTION.—

17                 “(A) CONTINUED OPERATION OF PUBLIC  
18 PROGRAMS.—Nothing in this title, including the  
19 application of subsection (b), shall be construed  
20 as requiring (or preventing) an individual who  
21 is entitled to benefits under the program under  
22 this title from obtaining benefits that best suit  
23 their needs under any other public health care  
24 program to which the individual is entitled, in-  
25 cluding under a State Medicaid plan under title

1 XIX, the State Children's Health Insurance  
2 Program under title XXI, a health program of  
3 the Department of Defense under chapter 55 of  
4 title 10, United States Code, a health program  
5 of the Department of Veterans Affairs under  
6 chapter 17 of title 38 of such Code, or a med-  
7 ical care program of the Indian Health Service  
8 or of a tribal organization.

9 “(B) CONTINUED OPERATION OF PRIVATE  
10 HEALTH INSURANCE.—Nothing in this title  
11 shall be construed as preventing—

12 “(i) an individual who is entitled to  
13 benefits under the program under this title  
14 from obtaining benefits that supplement or  
15 improve the benefits available under such  
16 program from any private health insurance  
17 plan or policy; or

18 “(ii) one or more employers from pro-  
19 viding or funding, pursuant to a collective  
20 bargaining agreement, such supplemental  
21 or improved benefits for individuals who  
22 are entitled to benefits under the program  
23 under this title.

24 “(2) PRIMARY PAYOR; OTHER PUBLIC PRO-  
25 GRAMS PROVIDING WRAP AROUND BENEFITS.—The

1 program under this title shall be primary payor to  
2 other public health care benefit programs and the  
3 benefits under such other public health care benefit  
4 programs shall supplement the benefits under the  
5 program under this title.

6 **“SEC. 2203. BENEFITS.**

7       “(a) **COMPREHENSIVE BENEFIT PACKAGE.**—The  
8 Secretary shall provide for benefits under the program  
9 under this title consistent with the following:

10           “(1) **MEDICARE FEE-FOR-SERVICE BENEFITS.**—  
11 The benefits include the full range and scope of ben-  
12 efits available under the original fee-for-service pro-  
13 gram under parts A and B of title XVIII.

14           “(2) **PRESCRIPTION DRUG COVERAGE.**—The  
15 benefits include coverage of prescription drugs at  
16 least as comprehensive as the prescription drug cov-  
17 erage offered as of January 1, 2007, under the Blue  
18 Cross/Blue Shield Standard Plan provided under the  
19 Federal employees health benefits program under  
20 chapter 89 of title 5, United States Code (in this  
21 title referred to as ‘FEHBP’). Such coverage shall  
22 be administered in the same manner as other bene-  
23 fits under this section.

24           “(3) **INCLUSION OF EPSDT SERVICES.**—The  
25 benefits include early and periodic screening, diag-

1 nistic, and treatment services described in sub-  
2 sections (a)(4)(B) and (r) of section 1905 and pro-  
3 vided in accordance with section 1903(a)(43).

4 “(4) PARITY IN COVERAGE OF MENTAL HEALTH  
5 BENEFITS.—There shall not be any treatment limi-  
6 tations or financial requirements with respect to the  
7 coverage of benefits for mental illnesses unless com-  
8 parable treatment limitations or financial require-  
9 ments are imposed on medical and surgical benefits.  
10 Nothing in this paragraph shall be construed to re-  
11 quire coverage for mental health benefits that are  
12 not medically necessary or to prohibit the appro-  
13 priate medical management of such benefits.

14 “(5) PREVENTIVE SERVICES.—The benefits  
15 shall include coverage of such additional preventive  
16 health care items and services as the Secretary shall  
17 specify, in consultation with the United States Pre-  
18 ventive Services Task Force.

19 “(6) HOME AND COMMUNITY BASED SERV-  
20 ICES.—The benefits shall include coverage of home  
21 and community-based services described in section  
22 1915(c)(4)(B).

23 “(7) ADDITIONAL BENEFITS.—The benefits  
24 shall include such additional benefits that the Sec-  
25 retary determines appropriate.

1           “(8) REVISION.—Nothing in this subsection  
2 shall be construed as preventing the Secretary from  
3 improving the benefit package from time to time to  
4 account for changes in medical practice, new infor-  
5 mation from medical research, and other relevant  
6 developments in health science.

7           “(9) ADJUSTMENT AUTHORIZED.—The Sec-  
8 retary shall, on a regular basis, evaluate whether  
9 adding any of the benefits described in paragraphs  
10 (1) through (7) is necessary or advisable to promote  
11 the health of beneficiaries under the program under  
12 title XVIII. The Secretary is authorized to improve  
13 the benefits available under such program, based  
14 upon such evaluation.

15           “(b) COST-SHARING.—

16           “(1) IN GENERAL.—Except as otherwise pro-  
17 vided under this subsection or subsection (a)(4),  
18 with respect to the benefits described in subsection  
19 (a)(1), such benefits shall be subject to the cost-  
20 sharing (in the form of deductibles, coinsurance, and  
21 copayments) and premiums applicable under the  
22 program described in such subsection.

23           “(2) PRESCRIPTION DRUG COVERAGE.—With  
24 respect to the benefits described in subsection (a)(2),  
25 such benefits shall be subject to the cost-sharing (in

1 the form of deductibles, coinsurance, and copay-  
2 ments) applicable under the plan described in such  
3 subsection.

4         “(3) TREATMENT OF PREVENTIVE AND ADDI-  
5 TIONAL SERVICES.—With respect to benefits de-  
6 scribed in paragraphs (5) and (7) of subsection (a),  
7 such benefits shall be subject to cost-sharing (in the  
8 form of deductibles, coinsurance, and copayments)  
9 that is consistent (as determined by the Secretary)  
10 with the cost-sharing applicable under paragraph  
11 (1).

12         “(4) TREATMENT OF EPSDT AND HOME AND  
13 COMMUNITY-BASED SERVICES.—With respect to ben-  
14 efits described in paragraphs (3) and (6) of sub-  
15 section (a), such benefits shall be subject to nominal  
16 cost-sharing (in the form of deductibles, coinsurance,  
17 and copayments) that is consistent (as determined  
18 by the Secretary) with the cost-sharing applicable to  
19 such services under section 1916 (as in effect on  
20 January 1, 2007).

21         “(5) REDUCTION IN COST-SHARING FOR LOW-  
22 INCOME INDIVIDUALS.—The Secretary shall provide  
23 for reduced cost-sharing for low-income individuals  
24 in a manner that is no less protective than the re-

1       duced cost-sharing for individuals under section  
2       1902(a)(10)(E) (as in effect on January 1, 2007).

3           “(6) FAMILY PREMIUM.—The Secretary shall  
4       establish a premium for members of the same family  
5       with respect to benefits under the program under  
6       this title.

7           “(c) FREEDOM TO CHOOSE YOUR OWN DOCTOR AND  
8       HEALTH PLAN.—Except in the case of individuals who  
9       elect enrollment in a private health plan under section  
10      2204, the provisions of section 1802 shall apply under this  
11      title.

12           “(d) PAYMENT SCHEDULE.—

13           “(1) IN GENERAL.—The Secretary, with the as-  
14       sistance of the Medicare Payment Advisory Commis-  
15       sion, shall develop and implement a payment sched-  
16       ule for benefits covered under the program under  
17       this title which are provided other than through pri-  
18       vate health plans. To the extent feasible, such pay-  
19       ment schedule shall be consistent with comparable  
20       payment schedules and reimbursement methodolo-  
21       gies applied to benefits provided under parts A and  
22       B of title XVIII, except, that with respect to the  
23       coverage of prescription drugs, the Secretary shall  
24       provide for payment in accordance with a payment

1       schedule developed and implemented under the pre-  
2       vious sentence.

3           “(2) ADDITIONAL PAYMENTS FOR QUALITY.—  
4       The Secretary shall establish procedures to provide  
5       reimbursement in addition to the reimbursement  
6       under paragraph (1) to health care providers that  
7       achieve measures (as established by the Secretary in  
8       consultation with health care professionals and  
9       groups representing eligible individuals) of health  
10      care quality. The Secretary shall ensure that such  
11      measures include measures of appropriate use of  
12      health information technology.

13           “(e) APPLICATION OF BENEFICIARY PROTEC-  
14      TIONS.—The Secretary shall provide for protections of  
15      beneficiaries under the program under this title that are  
16      not less than the beneficiary protections provided under  
17      title XVIII, including appeal rights and limitations on bal-  
18      ance billing.

19   **“SEC. 2204. CHOICE OF COVERAGE UNDER PRIVATE**  
20                   **HEALTH CARE DELIVERY SYSTEMS.**

21           “(a) IN GENERAL.—The Secretary shall provide a  
22      process for—

23           “(1) the offering of private health plans for the  
24      provision of benefits under the program under this  
25      title; and

1           “(2) the enrollment, disenrollment, termination,  
2           and change in enrollment of eligible individuals in  
3           such plans.

4           “(b) OFFERING OF PRIVATE HEALTH PLANS.—

5           “(1) IN GENERAL.—The Secretary shall enter  
6           into contracts with qualified entities for the offering  
7           of private health plans under the program under this  
8           title. In entering into such contracts the Secretary  
9           shall have the same authority that the Director of  
10           the Office of Personnel Management has with re-  
11           spect to health benefits plans under FEHBP.

12           “(2) REQUIREMENTS.—The Secretary shall not  
13           enter into such a contract for the offering of a pri-  
14           vate health plan under the program under this title  
15           unless at least the following requirements are met:

16           “(A) BENEFITS AS GOOD AS YOUR CON-  
17           GRESSMAN GETS.—Benefits under such plans  
18           are similar to or no less than the health bene-  
19           fits coverage in any of the 4 largest health ben-  
20           efits plans (determined by enrollment) offered  
21           under FEHBP. Such plans may provide health  
22           benefits in addition to such required benefits  
23           and may impose a premium for the provision of  
24           benefits. Such plans may not provide for finan-  
25           cial payments or rebates to enrollees.

1                         “(B) BENEFICIARY PROTECTIONS.—En-  
2                         rollees in such plans have beneficiary protec-  
3                         tions that are not less than the beneficiary protec-  
4                         tions applicable under this title to individuals  
5                         not so enrolled and shall include beneficiary  
6                         protections applicable under both FEHBP and  
7                         part C of title XVIII.

8                         “(C) OTHER ADMINISTRATIVE REQUIRE-  
9                         MENTS.—The plans are subject to such require-  
10                         ments relating to licensure and solvency, protec-  
11                         tion against fraud and abuse, inspection, disclo-  
12                         sure, periodic auditing, and administrative oper-  
13                         ations and efficiencies as the Secretary identi-  
14                         fies, taking into account similar requirements  
15                         under FEHBP and part C of title XVIII.

16                         “(c) ANNUAL OPEN ENROLLMENT.—The process  
17                         under subsection (a)(2) shall provide for an annual open  
18                         enrollment period in which individuals may enroll, and  
19                         change or terminate enrollment, in private health plans  
20                         in a manner similar to that provided under FEHBP as  
21                         of January 1, 2007.

22                         “(d) PAYMENT TO PRIVATE HEALTH PLANS.—

23                         “(1) IN GENERAL.—In the case of an individual  
24                         enrolled in a private health plan under this section  
25                         for a month, the Secretary shall provide for payment

1 of an amount equal to  $\frac{1}{12}$  of the annual per capita  
2 amount (described in paragraph (2), as adjusted  
3 under paragraph (3)).

4       “(2) ANNUAL PER CAPITA AMOUNT.—The an-  
5 nual per capita amount under this paragraph shall  
6 be the annual average per capita cost of providing  
7 benefits under the program under this title (includ-  
8 ing both individuals enrolled and not enrolled under  
9 private health plan), as computed by the Secretary  
10 based on rules similar to the rules described in sec-  
11 tion 1876(a)(4).

12       “(3) RISK-ADJUSTMENT.—In making payment  
13 under this subsection, the Secretary shall apply risk  
14 adjustment factors similar to those applied to pay-  
15 ments to Medicare Advantage organizations under  
16 section 1853, except that the Secretary shall ensure  
17 that payments under this subsection are adjusted  
18 based on such factors to ensure that the health sta-  
19 tus of the enrollee is reflected in such adjusted pay-  
20 ments, including adjusting for the difference between  
21 the health status of the enrollee and individuals re-  
22 ceiving benefits under the program under this title  
23 who are not so enrolled. Payments under this sub-  
24 section must, in aggregate, reflect such differences.

1       “(e) REQUIREMENTS FOR FEHBP CARRIERS.—  
2    Each contract entered into or renewed under section 8902  
3    of title 5, United States Code, shall require the carrier  
4    to offer a separate plan under this section on similar terms  
5    and conditions to, but with a separate risk pool from, the  
6    plan offered by the carrier under FEHBP.

7    **“SEC. 2205. MEDICARE FOR ALL TRUST FUND.**

8       “(a) ESTABLISHMENT OF TRUST FUND.—There is  
9    hereby created on the books of the Treasury of the United  
10    States a trust fund to be known as the ‘Medicare for All  
11    Trust Fund’ (in this section referred to as the ‘Trust  
12    Fund’). The Trust Fund shall consist of such gifts and  
13    bequests as may be made as provided in section 201(i)(1),  
14    and such amounts as may be deposited in, or appropriated  
15    to, such fund as provided in this part.

16       “(b) TRANSFERS TO TRUST FUND.—There are here-  
17    by appropriated to the Medicare for All Trust Fund, out  
18    of any moneys in the Treasury not otherwise appropriated,  
19    amounts equivalent to—

20           “(1) the taxes received in the Treasury under  
21    sections 1401(c), 3101(c), and 3111(c) of the Inter-  
22    nal Revenue Code of 1986;

23           “(2) such portion of the taxes received in the  
24    Treasury under section 3201 as are attributable to  
25    the rate specified in section 3101(c) of such Code;

1           “(3) such portion of the taxes received in the  
2           Treasury under section 3211 of such Code as are at-  
3           tributable to the sum of the rates specified in section  
4           3101(c) and 3111(c) of such Code; and

5           “(4) such portion of the taxes received in the  
6           Treasury under section 3221 as are attributable to  
7           the rate specified in section 3111(c) of such Code.

8       The amounts appropriated by the preceding sentence shall  
9       be transferred from time to time from the general fund  
10      in the Treasury to the Trust Fund, such amounts to be  
11      determined on the basis of estimates by the Secretary of  
12      the Treasury of the taxes, specified in the preceding sen-  
13      tence, paid to or deposited into the Treasury, and proper  
14      adjustments shall be made in amounts subsequently trans-  
15      ferred to the extent prior estimates were in excess of or  
16      were less than the taxes specified in such sentence.<sup>9</sup>

17       “(c) INCORPORATION OF PROVISIONS.—

18           “(1) IN GENERAL.—Subject to paragraph (2),  
19           subsections (b) through (i) of section 1817 shall  
20           apply with respect to the Trust Fund and this title  
21           in the same manner as they apply with respect to  
22           the Federal Hospital Insurance Trust Fund and  
23           part A of title XVIII, respectively.

1                 “(2) MISCELLANEOUS REFERENCES.—In applying provisions of section 1817 under paragraph  
2                 (1)—

4                 “(A) any reference in such section to ‘this part’ is construed to refer to this title;

6                 “(B) any reference to taxes referred to in subsection (a) of such section shall be construed to refer to the taxes referred to in subsection 7                 (b) of this section; and

10                 “(C) the Board of Trustees of the Medicare for All Trust Fund shall be the same as 11                 the Board of Trustees of the Federal Hospital 12                 Insurance Trust Fund.

14     **“SEC. 2206. ADMINISTRATION.**

15                 “Except as otherwise provided in this title—

16                 “(1) the Secretary shall enter into appropriate contracts with providers of services, other health care providers, and medicare administrative contractors, taking into account, and based to the greatest extent practicable upon, the types of contracts used 17                 under title XVIII with respect to such entities, to 18                 administer the program under this title;

23                 “(2) benefits described in section 2203 that are 24                 payable under the program under this title to such 25                 individuals shall be paid in a manner specified by

1 the Secretary (taking into account, and based to the  
2 greatest extent practicable upon, the manner in  
3 which they are provided under title XVIII); and

4       “(3) provider participation agreements under  
5 title XVIII shall apply to enrollees and benefits  
6 under the program under this title in the same man-  
7 ner as they apply to enrollees and benefits under the  
8 program under title XVIII.”.

9       (b) CONFORMING AMENDMENTS TO SOCIAL SECU-  
10 RITY ACT PROVISIONS.—

11           (1) Section 201(i)(1) of the Social Security Act  
12 (42 U.S.C. 401(i)(1)) is amended—

13               (A) by striking “or the Federal Supple-  
14 mentary ” and inserting “the Federal Supple-  
15 mentary”; and

16               (B) by inserting “or the Medicare for All  
17 Trust Fund” after “such Trust Fund”).

18           (2) Section 201(g)(1)(A) of such Act (42  
19 U.S.C. 401(g)(1)(A)) is amended by striking “and  
20 the Federal Supplementary Medical Insurance Trust  
21 Fund established by title XVIII” and inserting “,  
22 the Federal Supplementary Medical Insurance Trust  
23 Fund established by title XVIII, and the Medicare  
24 for All Trust Fund established under title XXII”.

10 SEC. 3. FINANCING THROUGH EMPLOYMENT TAX.

11 (a) TAX ON EMPLOYEES.—Section 3101 of the Inter-  
12 nal Revenue Code of 1986 is amended by redesignating  
13 subsection (c) as subsection (d) and by inserting after sub-  
14 section (b) the following new subsection:

15           “(c) MEDICARE FOR ALL.—

16           “(1) IN GENERAL.—In addition to other taxes,  
17           there is hereby imposed on the income of every indi-  
18           vidual a tax equal to 1.7 percent of the wages (as  
19           defined in section 3121(a)) received by him with re-  
20           spect to employment (as defined in section 3121(b))  
21           that are in excess of \$25,000. The preceding sen-  
22           tence shall not apply to wages received by an indi-  
23           vidual with respect to employment during any period  
24           unless the individual (or a family member of the in-

1 individual) is enrolled in the program under title XXII  
2 of the Social Security Act during such period.

3           “(2) INFLATION ADJUSTMENT.—In the case of  
4 any taxable year beginning in a calendar year after  
5 2008, the dollar amount contained in paragraph (1)  
6 shall be increased by an amount equal to—

7           “(A) such dollar amount, multiplied by

8           “(B) the cost-of-living adjustment deter-  
9 mined under section 1(f)(3) for the calendar  
10 year in which the taxable year begins, by sub-  
11 stituting ‘calendar year 2007’ for ‘calendar year  
12 1992’ in subparagraph (B) thereof.

13 If any increase determined under the preceding sentence  
14 is not a multiple of \$50, such increase shall be rounded  
15 to the next lowest multiple of \$50.”.

16           (b) TAX ON EMPLOYERS.—Section 3111 of such  
17 Code is amended by redesignating subsection (c) as sub-  
18 section (d) and by inserting after subsection (b) the fol-  
19 lowing new subsection:

20           “(c) MEDICARE FOR ALL.—In addition to other  
21 taxes, there is hereby imposed on every employer an excise  
22 tax, with respect to having individuals in his employ, equal  
23 to 7 percent of the wages (as defined in section 3121(a))  
24 paid by him with respect to employment (as defined in  
25 section 3121(b)). The preceding sentence shall not apply

1 to wages paid with respect to employment of an individual  
2 during any period unless the individual (or a family mem-  
3 ber of the individual) is enrolled in the program under title  
4 XXII of the Social Security Act during such period.”.

5 (c) TAX ON SELF-EMPLOYMENT.—Section 1401 of  
6 such Code is amended by redesignating subsection (c) as  
7 subsection (d) and by inserting after subsection (b) the  
8 following new subsection:

9 (c) MEDICARE FOR ALL.—In addition to other  
10 taxes, there shall be imposed for each taxable year, on the  
11 self-employment income of every individual, a tax equal  
12 to the applicable percent of the self-employment income  
13 for such taxable year. For purposes of the preceding sen-  
14 tence, the applicable percent is a percent equal to the sum  
15 of the percent described in section 3101(c) (but only with  
16 respect to self-employment income that is in excess of the  
17 amount described in paragraph (1) of such section, as ad-  
18 justed under paragraph (2) of such section) plus the per-  
19 cent described in section 3111(c). This subsection shall  
20 not apply to self-employment income of an individual for  
21 a taxable year unless the individual (or a family member  
22 of the individual) is enrolled in the program under title  
23 XXII of the Social Security Act during such taxable  
24 year.”.

25 (d) RAILROAD RETIREMENT TAX.—

(1) TAX ON EMPLOYEES.—Section 3201(a) of such Code is amended by striking “subsections (a) and (b) of section 3101” and inserting “subsections (a), (b), and (c) of section 3101”.

(2) TAX ON EMPLOYEE REPRESENTATIVES.—  
Section 3211(a) of such Code is amended by striking  
“subsections (a) and (b) of section 3101 and sub-  
sections (a) and (b) of section 3111” and inserting  
“subsections (a), (b), and (c) of section 3101 and  
subsections (a), (b), and (c) of section 3111”.

(3) TAX ON EMPLOYERS.—Section 3221(a) of such Code is amended by striking “subsections (a) and (b) of section 3111” and inserting “subsections (a), (b), and (c) of section 3111”.

(4) DETERMINATION OF CONTRIBUTION  
BASE.—Clause (iii) of section 3231(e)(2)(A) is amended to read as follows:

“(iii) HOSPITAL INSURANCE AND MEDICARE FOR ALL TAXES.—Clause (i) shall not apply to—

“(I) so much of the rate applicable under section 3201(a) or 3221(a) as does not exceed the sum of the rates of tax in effect under sub-

sections (b) and (c) of section 3101,  
and

“(II) so much of the rate applicable under section 3211(a) as does not exceed the sum of the rates of tax in effect under subsections (b) and (c) of section 1401.”.

8 (e) APPLICATION OF TAX TO FEDERAL, STATE, AND  
9 LOCAL EMPLOYMENT.—Paragraphs (1) and (2) of section  
10 3121(u) and section 3125(a) of such Code are each  
11 amended by striking “sections 3101(b) and 3111(b)” and  
12 inserting “subsections (b) and (c) of section 3101 and sub-  
13 sections (b) and (c) of section 3111”.

14 (f) CONFORMING AMENDMENTS.—

23 (3) The last sentence of section 6051(a) of such  
24 Code is amended by striking “sections 3101(c) and

1       3111(c)'' and inserting ''sections 3101(d) and  
2       3111(d)''.

3       (g) EFFECTIVE DATE.—The amendments made by  
4    this section shall apply to wages paid and self-employment  
5    income derived on or after January 1 of the year following  
6    the date of the enactment of this Act.

7 **SEC. 4. COLLECTIVELY BARGAINED PLANS.**

8       (a) IN GENERAL.—Except as provided in subsection  
9    (c), nothing in this Act, or the amendments made by this  
10   Act, shall be construed as affecting obligations to provide  
11   or fund health care benefits under any group health plan  
12   established or maintained under or pursuant to one or  
13   more collective bargaining agreements between employee  
14   representatives and one or more employers in effect on the  
15   date of enactment of this Act.

16       (b) APPLICATION.—The Medicare for All program  
17   under title XXII of the Social Security Act, as added by  
18   section 2(a), shall not apply to eligible individuals (as de-  
19   fined in section 2202(a)(2) of such Act (as so added)) cov-  
20   ered by a group health plan described in subsection (a)  
21   until the applicable collective bargaining agreement termi-  
22   nates.

23       (c) LIMITING BENEFITS TO INDIVIDUALS NOT YET  
24   ELIGIBLE FOR MEDICARE FOR ALL.—A group health plan  
25   described in subsection (a) may, in accordance with an

1 agreement between the parties, limit coverage under the  
2 plan to individuals who are not eligible for benefits under  
3 such Medicare for All program.

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